

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO 10686140

FILING DATE 08-08-03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/					
8		/				
9		/				
10		/				
11		/				
12		/				
13	/					
14		/				
15		/				
16		/				
17		/				
18		/				
19	/					
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26	X	X				
27						
28						
29						
30						
31						
32						
33						
34						
35						
36	X	X				
37						
38						
39						
40						
41						
42						
43						
44						
45						
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
65		/				
66		/				
67		/				
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86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.	5					
TOTAL DEP.	40					
TOTAL CLAIMS	45					